

Clinical and Administrative Decision-Making in Hawaii

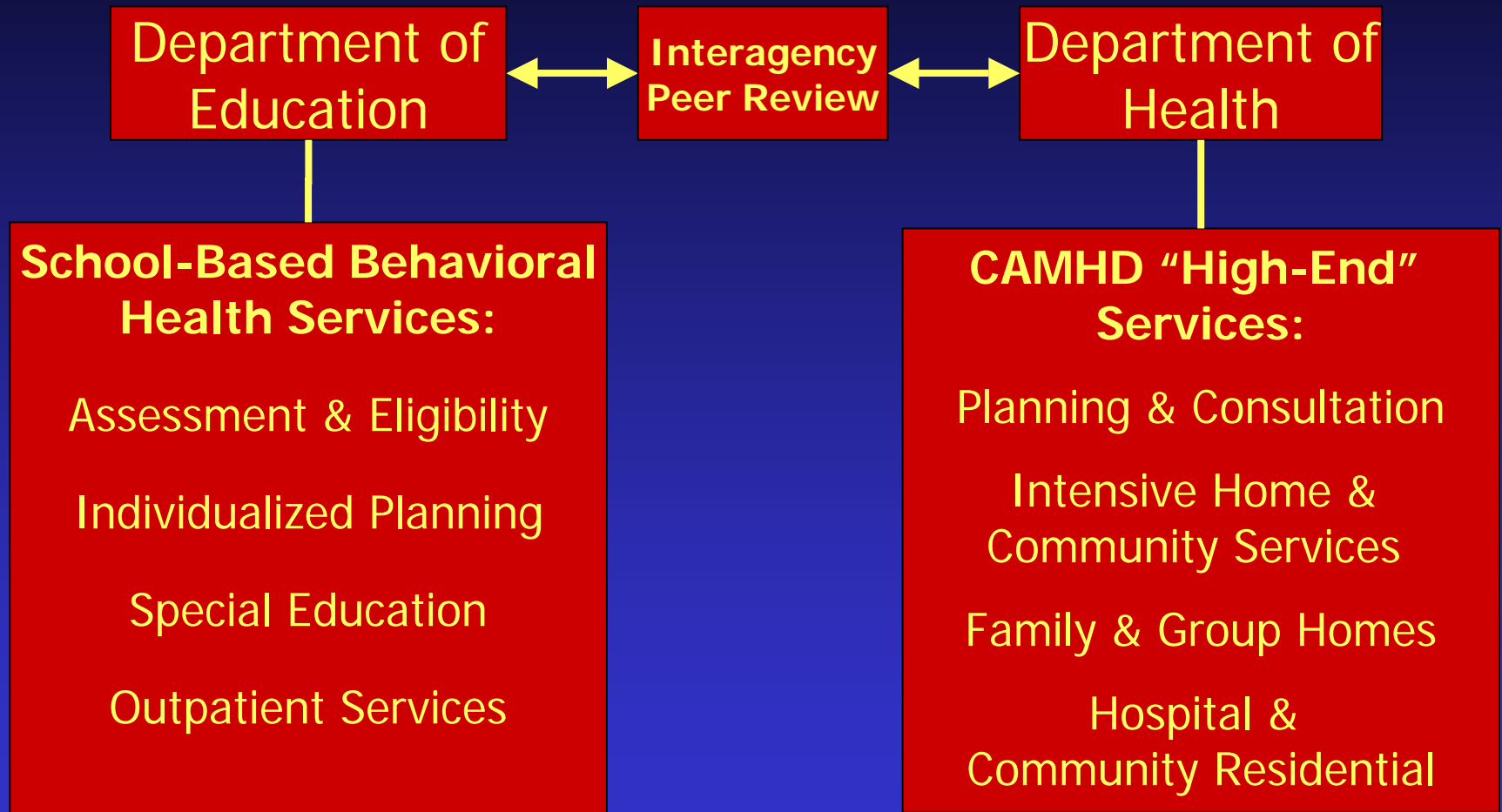
Eric L. Daleiden and Bruce F. Chorpita
Hawaii Department of Health



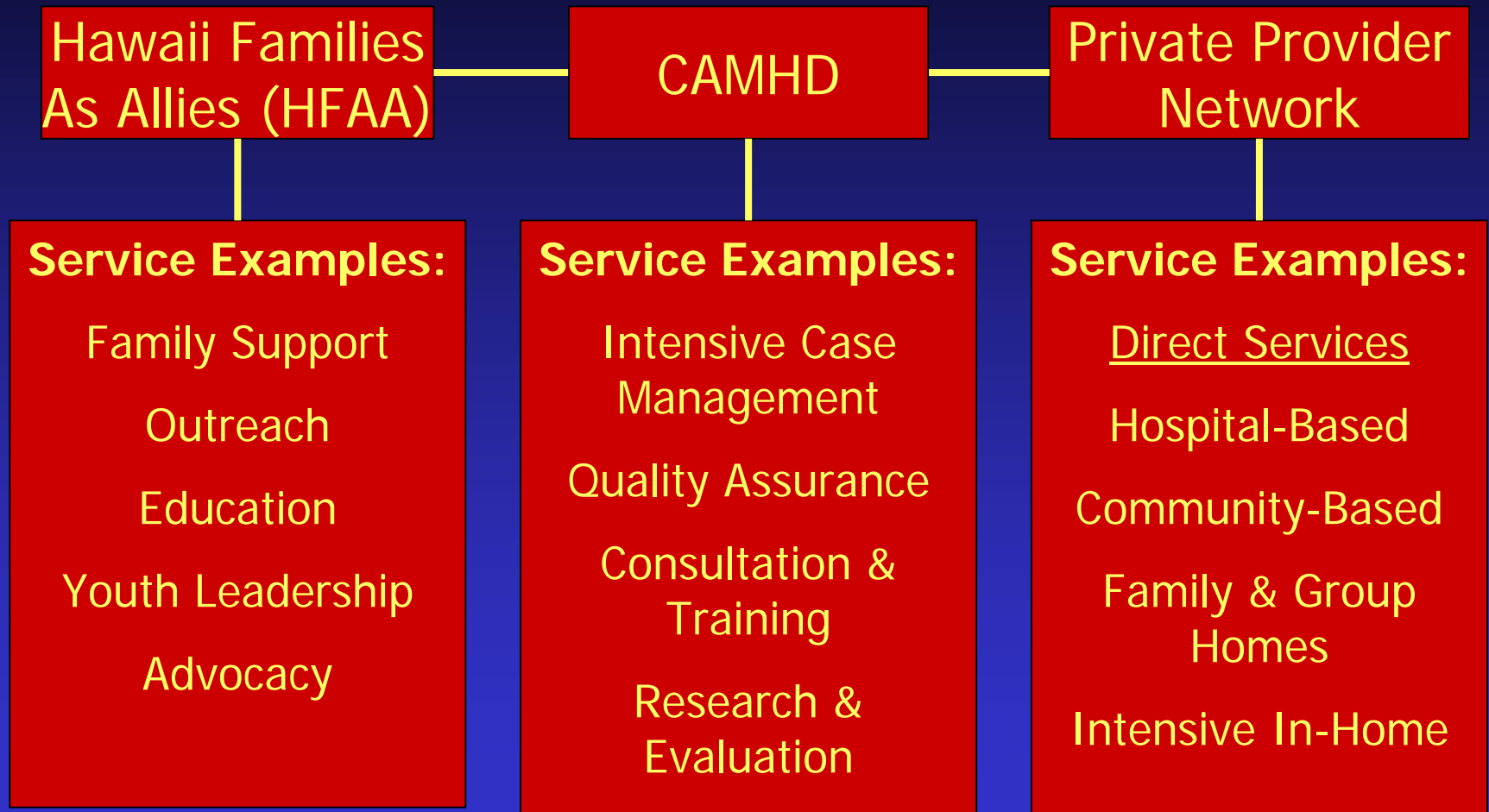
Presented at the Sixteenth Annual Research Conference of the Research and Training Center
for Children's Mental Health, Tampa, FL. March, 2003.

Program Overview

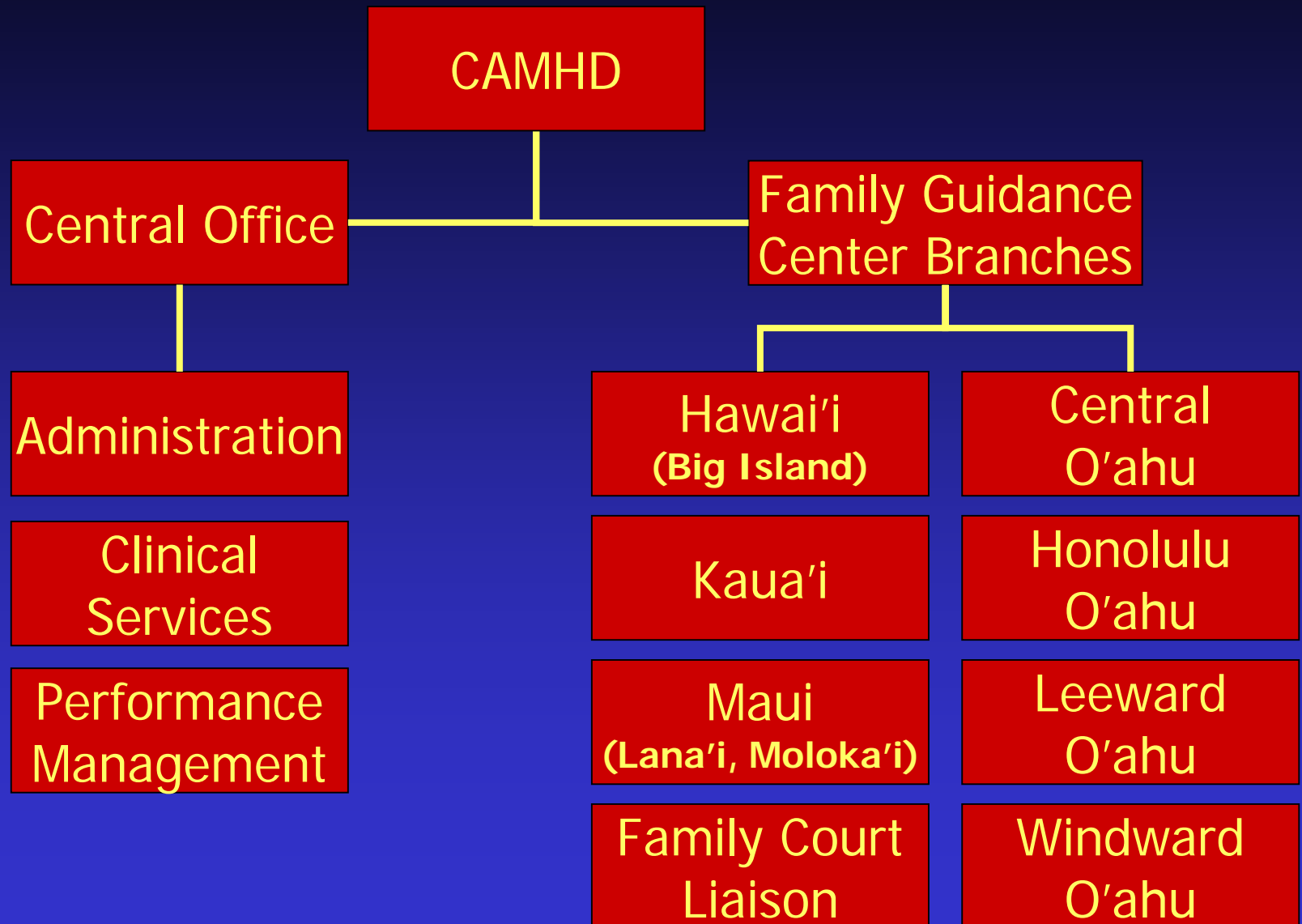
SBBH/CAMHD Service Structure



CAMHD Service Structure



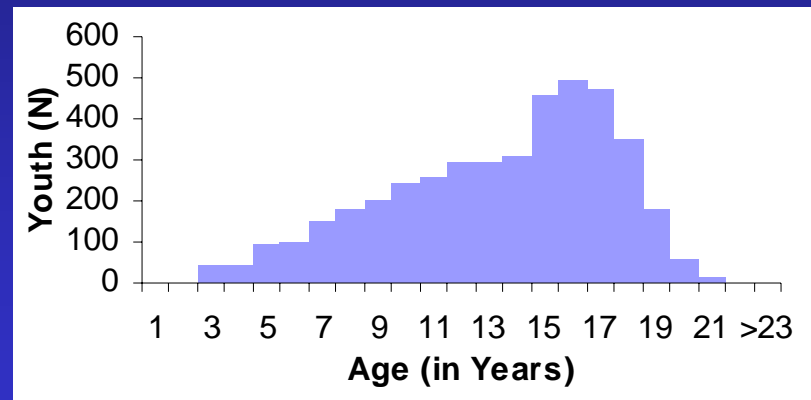
Organizational Structure



FY 2002 Case Management Population

Gender	N	% of Available
Females	1,200	28%
Males	3,027	72%

	Mean	SD
Age in Years	13.4	4.0



FY 2002 Case Management Population

Ethnicity	N	% of Available
Mixed	753	27.5%
Caucasian	599	21.8%
Hawaiian	582	21.2%
Filipino	211	7.7%
Japanese	170	6.2%
Portuguese	75	2.7%
Samoan	69	2.5%
African-American	68	2.5%
Chinese	51	1.9%
Hispanic	50	1.8%
Pacific Islander, Other	47	1.7%
Asian, Other	40	1.5%
Korean	19	0.7%
Native American	8	0.3%
Not Available	1,485	35.1%

FY 2002 Case Management Population

Any Diagnosis of	N	%
Attentional	967	22.9%
Disruptive Behavior	830	19.6%
Pervasive Developmental	696	16.5%
Mood	665	15.7%
Adjustment	389	9.2%
Miscellaneous	346	8.2%
Anxiety	343	8.1%
None Recorded	206	4.9%
Mental Retardation	147	3.5%
Substance-Related	99	2.3%
Deferred	31	0.7%

Note: Percentages may sum to more than 100% because youth may receive diagnoses in multiple categories.

FY 2002 Procured Service Summary

Any Receipt of Services	Monthly Average	Total N	% of Registered	% of Served
Out-of-State	12	22	0.5%	0.8%
Hospital Residential	38	131	3.1%	4.8%
Community High Risk	10	12	0.3%	0.4%
Community Residential	115	273	6.5%	9.9%
Therapeutic Group Home	81	190	4.5%	6.9%
Therapeutic Family Home	135	246	5.8%	8.9%
Partial Hospitalization	10	37	0.9%	1.3%
Day Treatment	31	54	1.3%	2.0%
Multisystemic Therapy	117	345	8.2%	12.5%
Intensive In-Home	885	1,527	36.1%	55.5%
Flex	133	463	11.0%	16.8%
Respite	193	315	11.0%	16.8%
Less Intensive	786	1,331	31.5%	48.3%

Note: Percentages may sum to more than 100% because youth may receive services at multiple levels of care.

FY 2002 Expenditure Summary

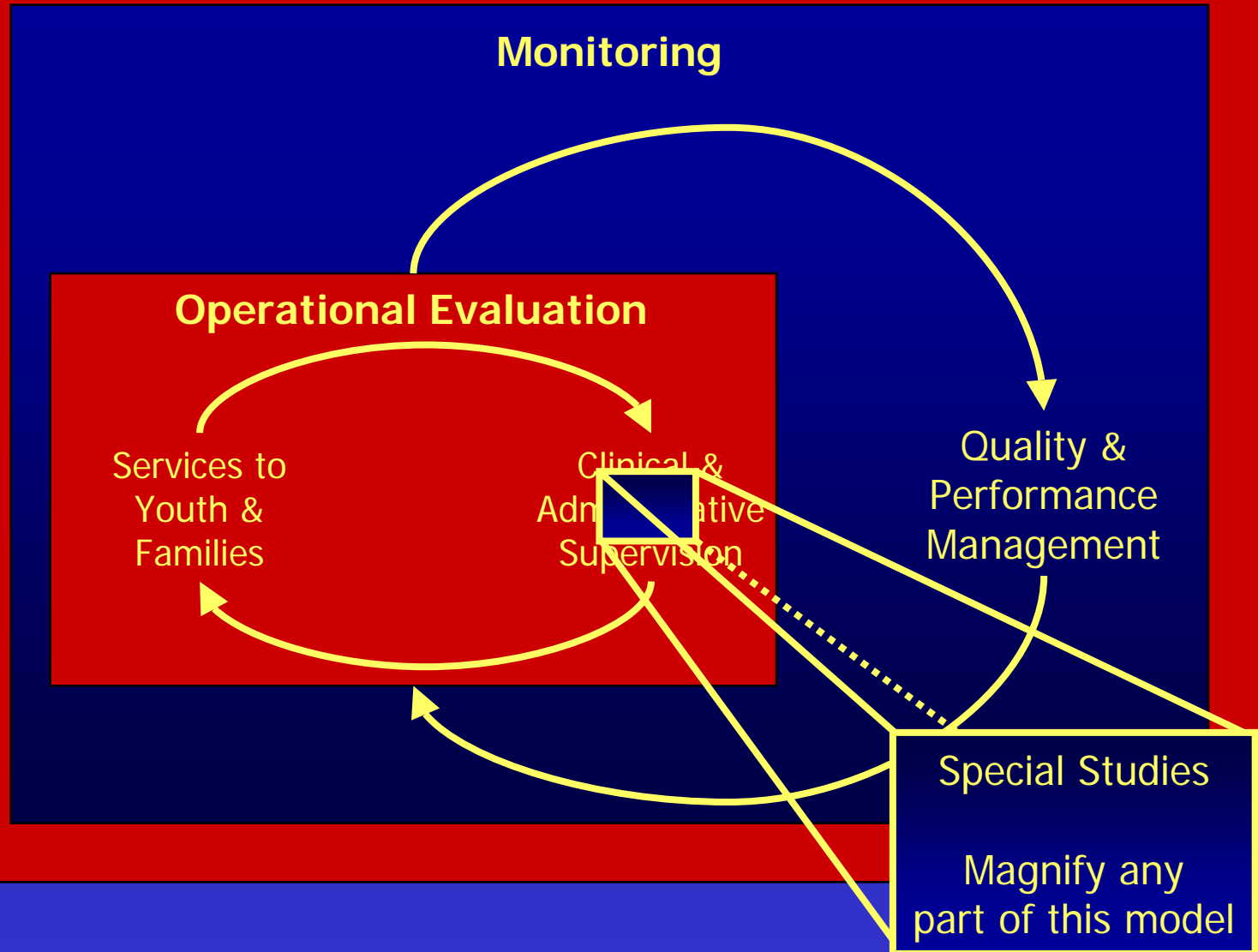
Any Receipt of Services	Total Cost (\$)	% of Total (\$)	Cost per Youth (\$)
Out-of-State	1,184,485	1.5%	93,278
Hospital Residential	6,391,250	8.2%	86,656
Community High Risk	1,787,940	2.3%	158,695
Community Residential	13,967,832	17.8%	64,195
Therapeutic Group Home	8,150,817	10.4%	66,195
Therapeutic Family Home	7,694,324	9.8%	53,752
Partial Hospitalization	405,750	0.5%	61,070
Day Treatment	1,438,947	1.8%	71,363
Multisystemic Therapy	2,340,730	3.0%	23,952
Intensive In-Home	13,220,068	16.9%	26,288
Flex	601,526	0.8%	53,235
Respite	621,881	0.8%	36,080
Less Intensive	20,495,405	26.2%	33,231

Note: Cost per youth represents the total cost for all services during the year allocated to level of care based on duplicated youth counts. Thus, the average per youth for a level of care includes total expenditures for youth who received that level of care at some point during the year.

Clinical and Management Reporting Overview

Evaluation Framework

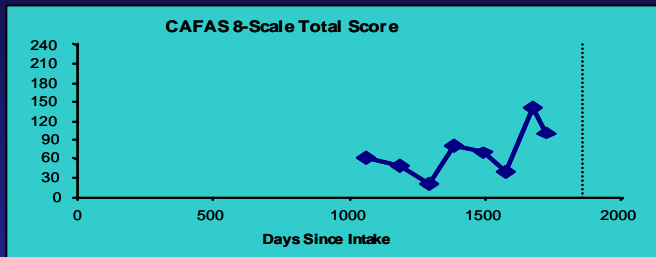
Stakeholder Communications



CAFAS Reporting Example

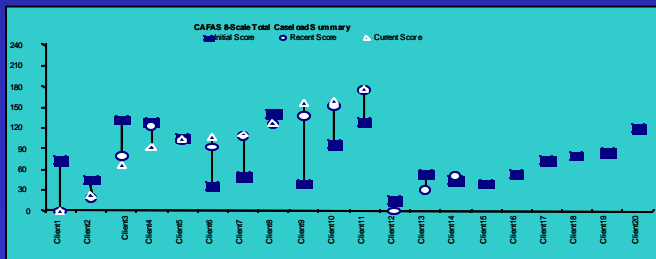
Clinical Reporting

Individual Client



Data
Roll-Up

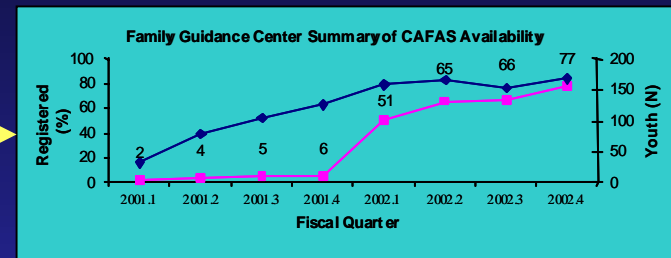
Care Coordinator/Supervisor Caseload



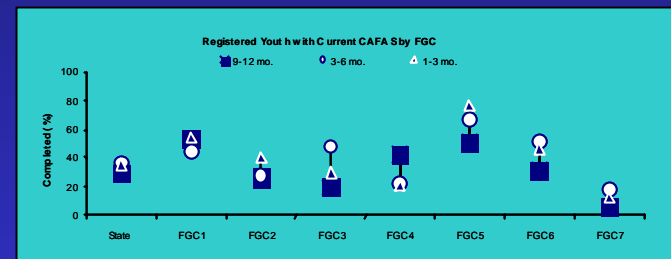
Management Reporting

Assessment Completion Rates

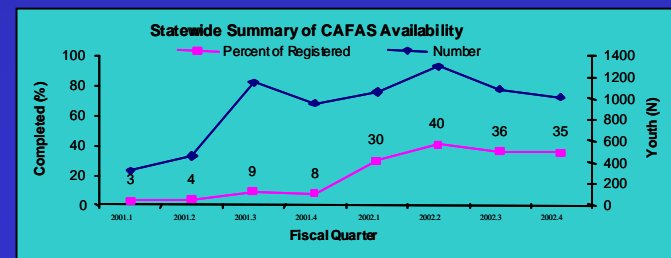
Unit Summary



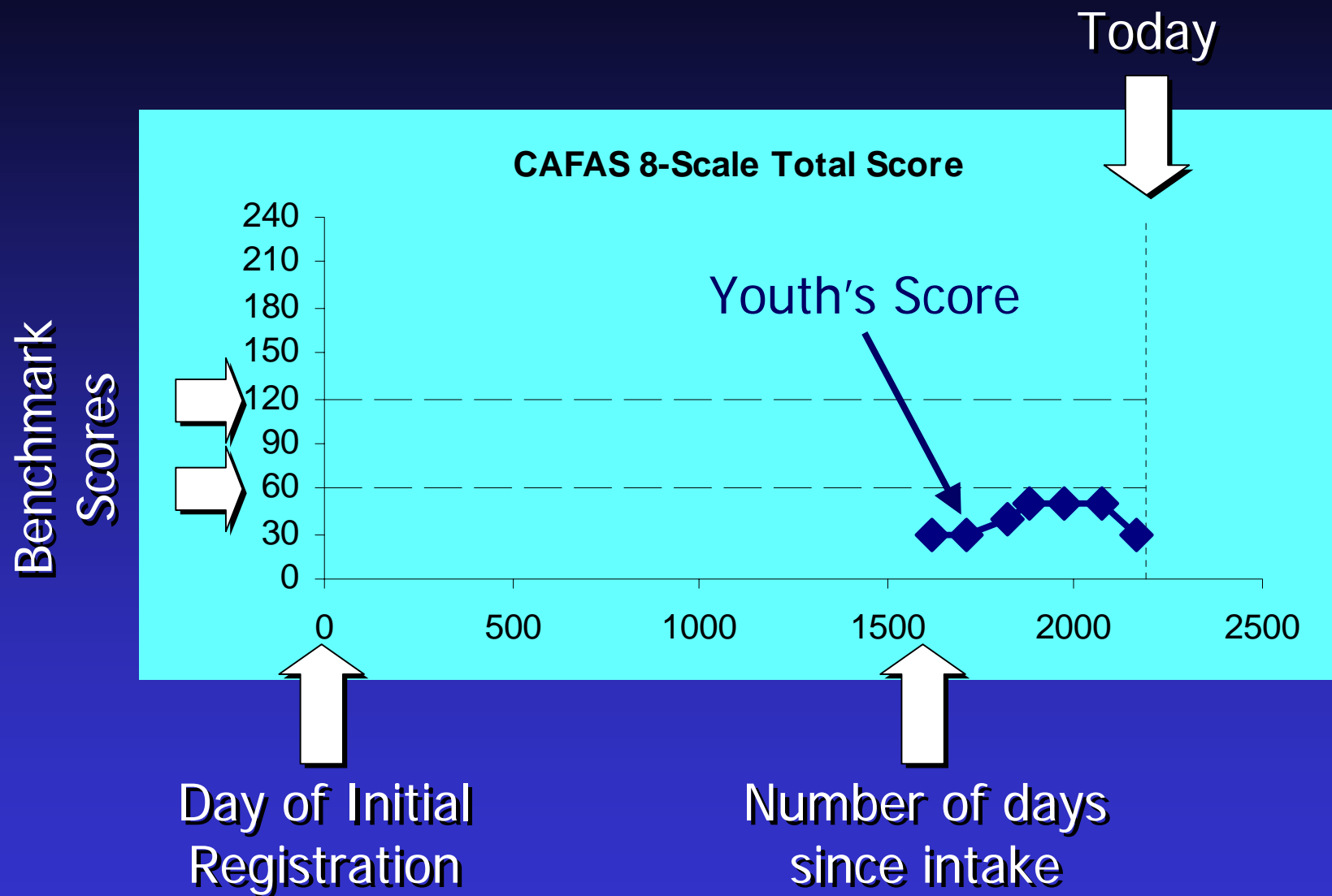
Unit Comparison



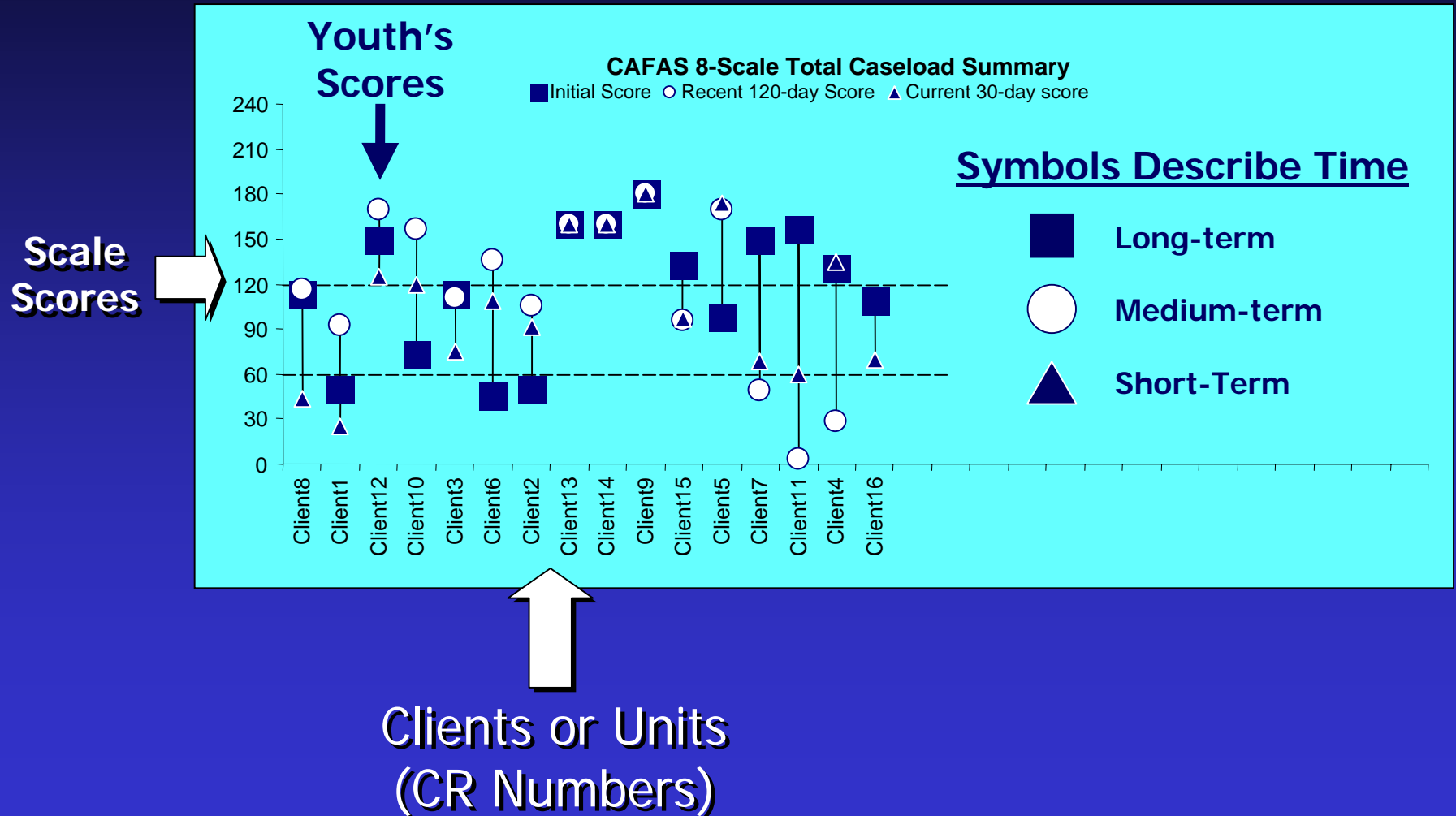
Overall Summary



Individual Client Graph

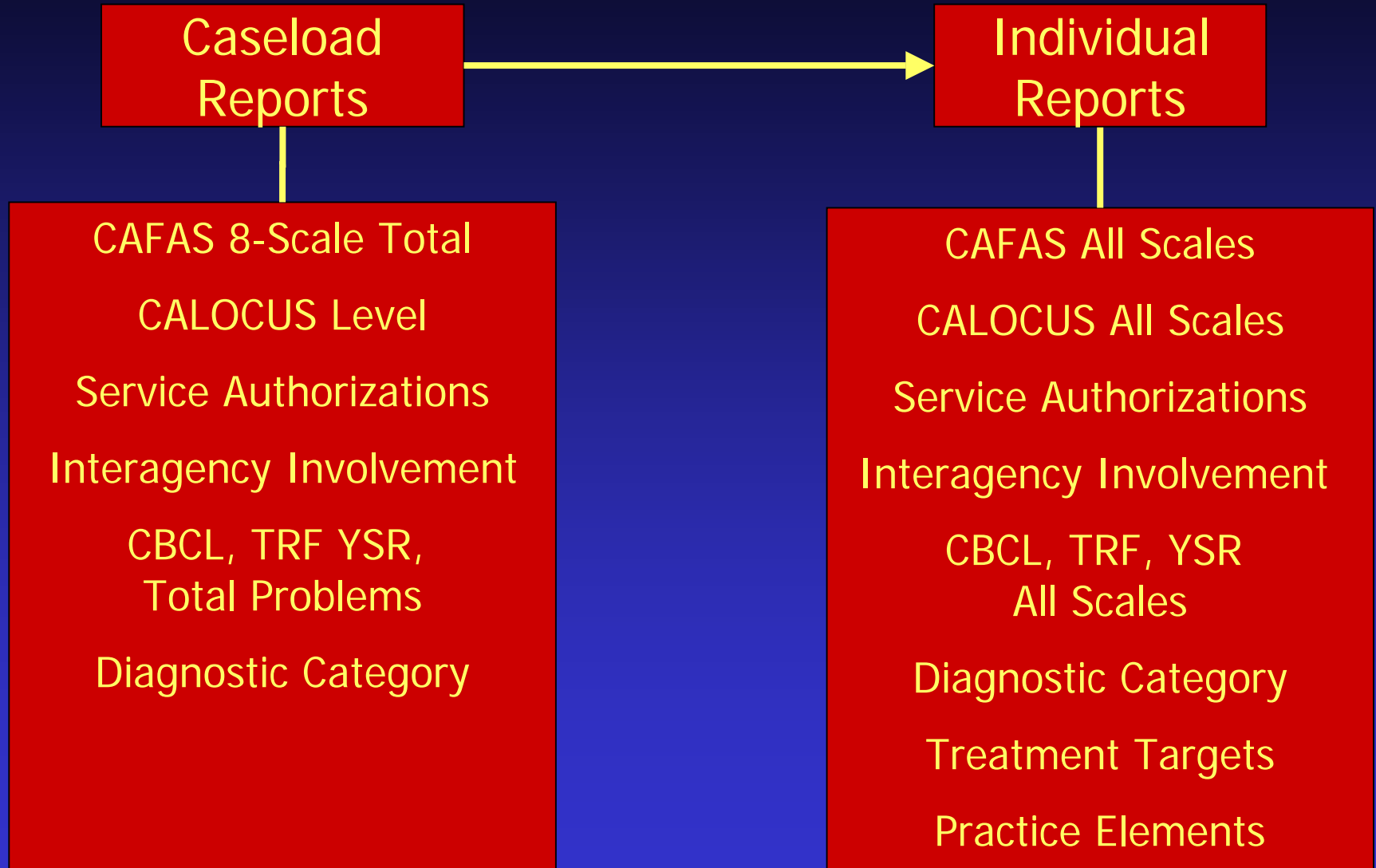


Caseload Graph

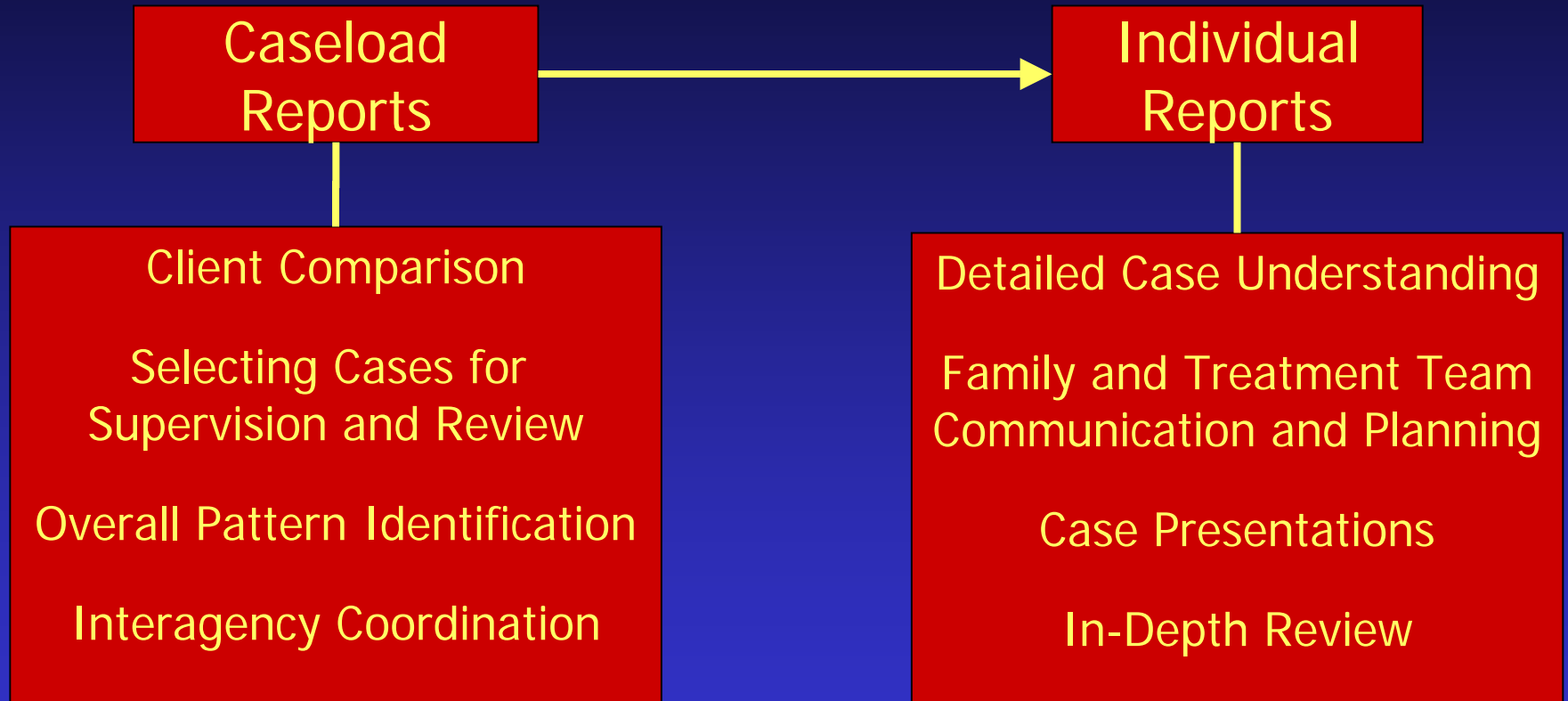


Clinical Reporting and Supervision

Clinical Report Contents



Clinical Report Strengths



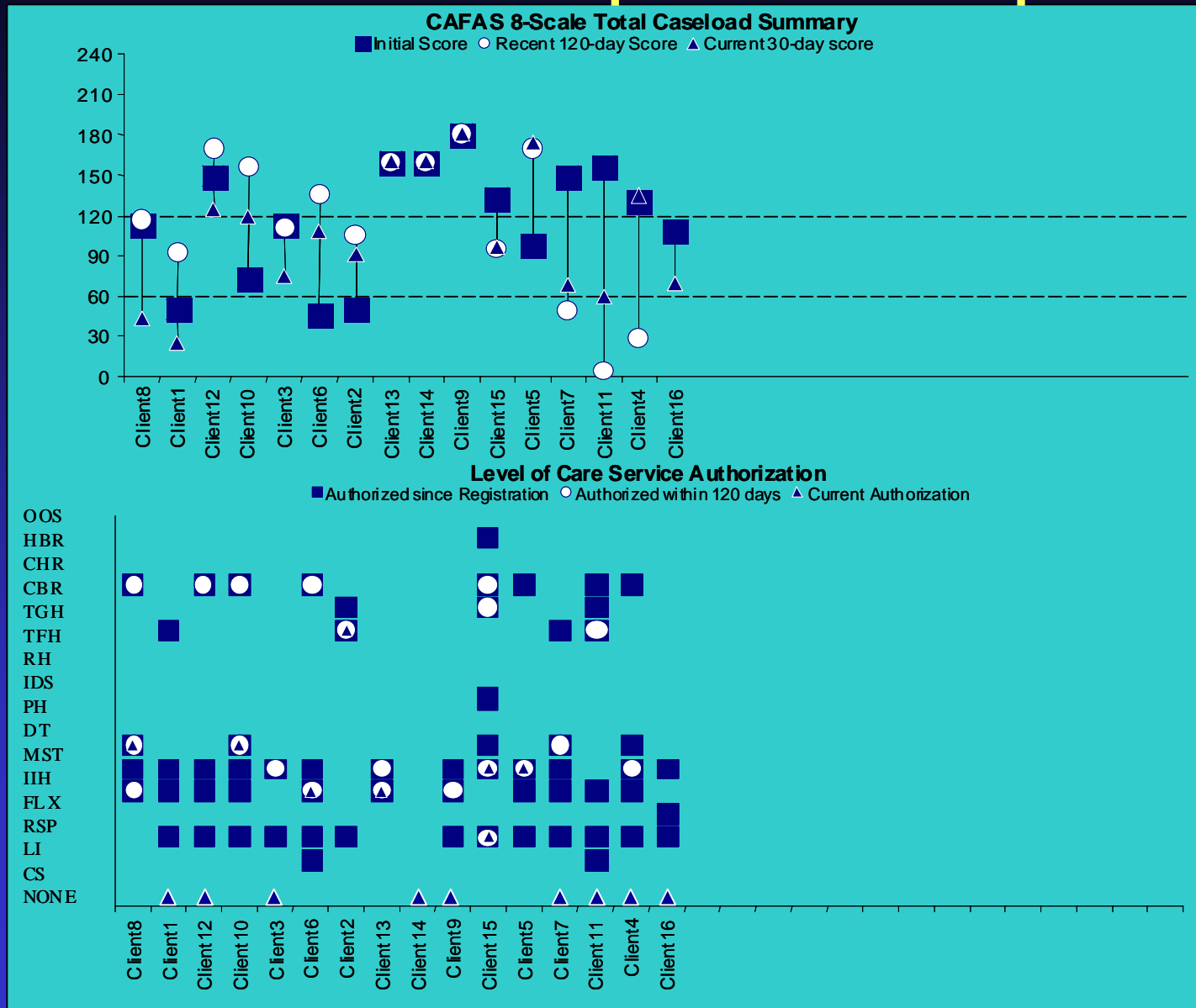
Four Common Staffing Questions

1. Which youth need outcome measure(s) completed in the next 30 days?
2. Which youth do not have current service authorizations?
3. Which youth have multiple service authorizations?
4. Which youth are involved with other agencies?

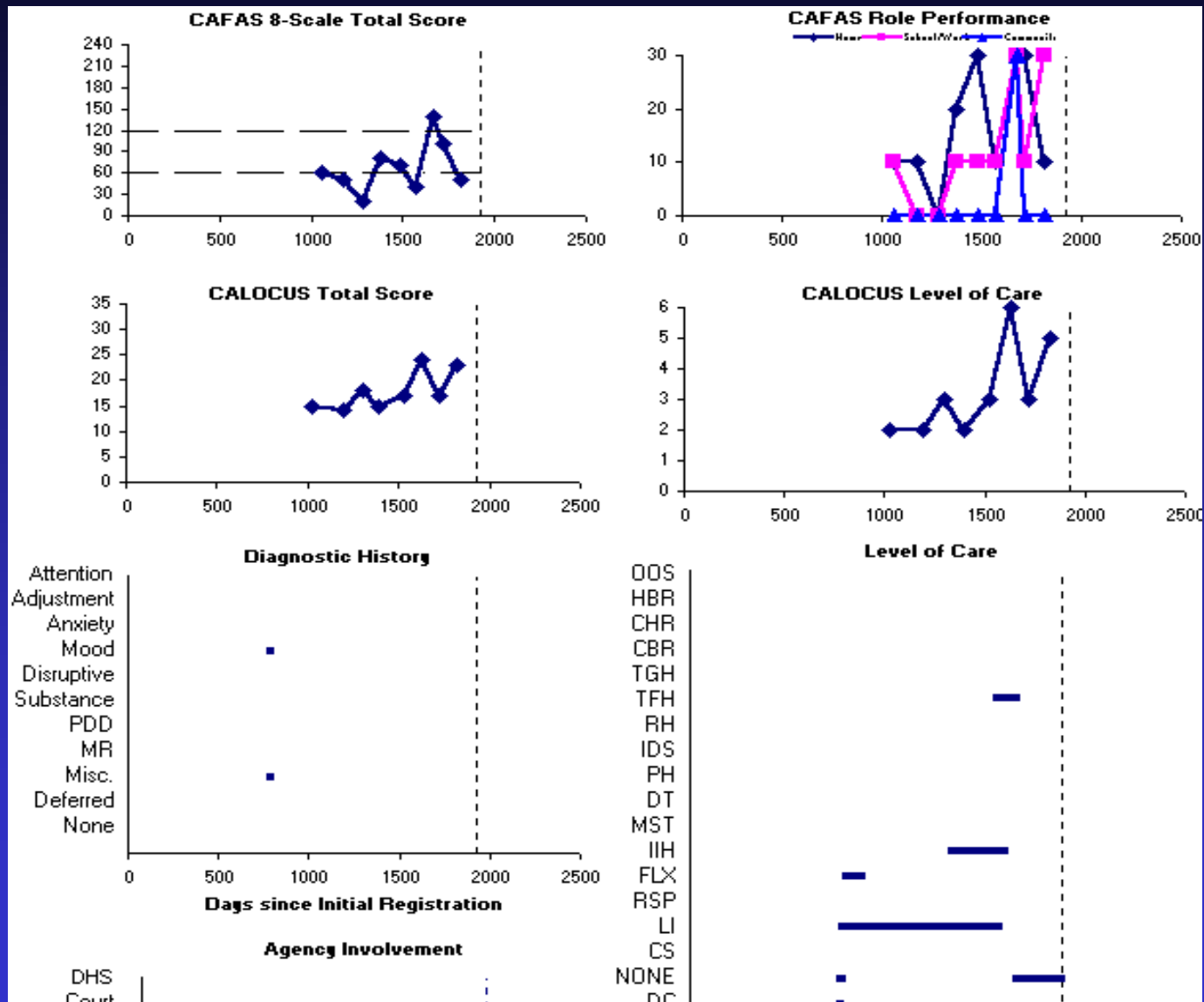
Six Common Clinical Questions

1. What is a youth's current level of functioning?
2. Is a youth's functioning improving or deteriorating?
3. How much has a youth's functioning changed?
4. What is the highest level of care that a youth is authorized to receive?
5. Has the youth's level of care changed?
6. Does the youth's level of functioning match the authorized level of care?

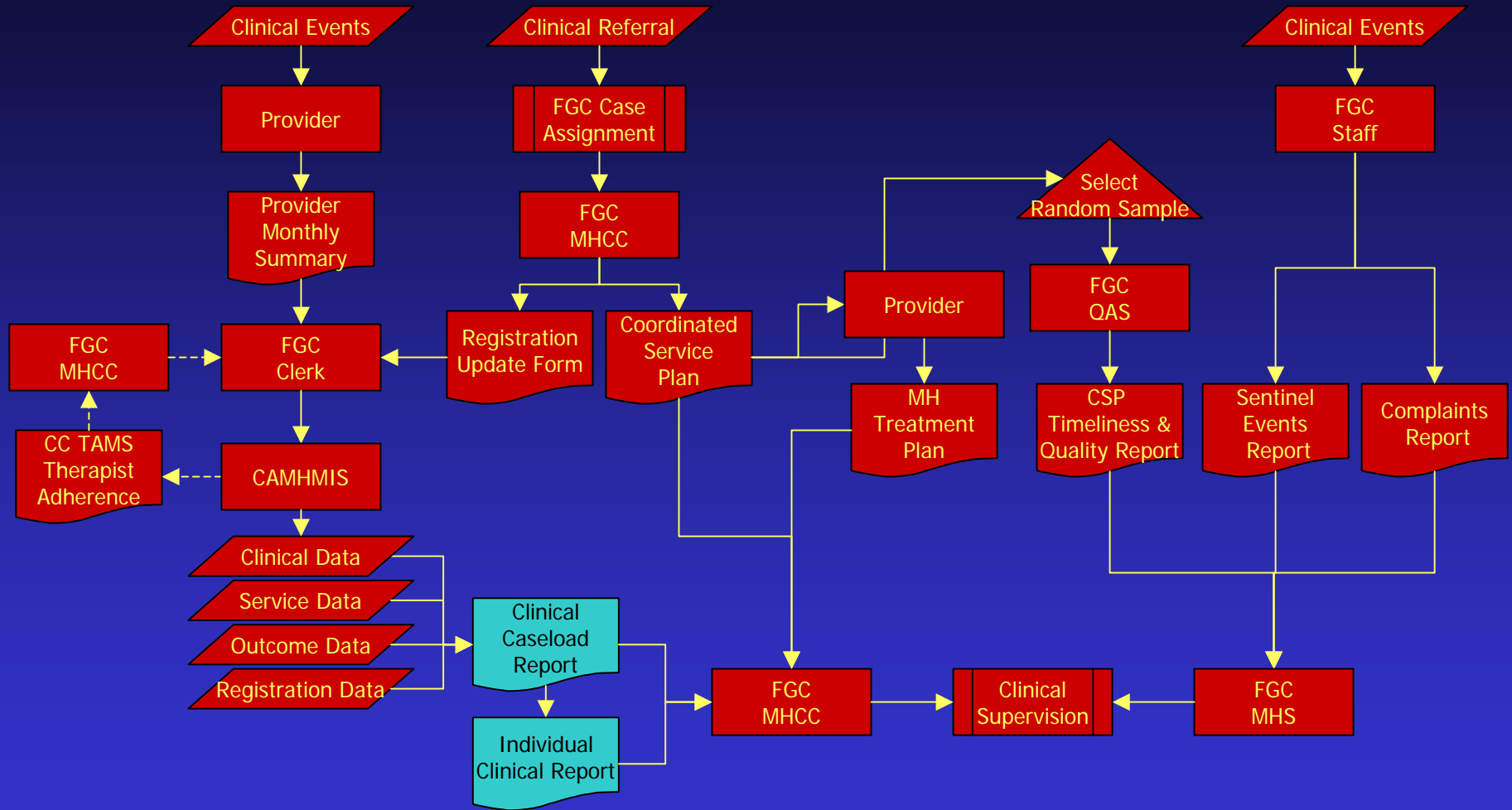
Caseload Report Example



Individual Report Example



Supervision Data Capture Flow



Data Availability

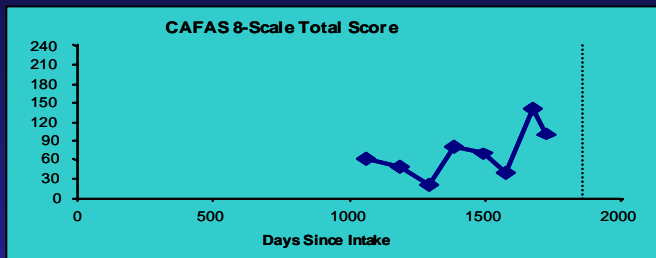
Type of Information	Available
Registration Information	Next Day
Service Authorizations	Next Day
CALOCUS	Next Day
CAFAS	2 – 4 Working Days
Achenbach	7 – 10 Working Days

Management Reporting and Administration

CAFAS Reporting Example

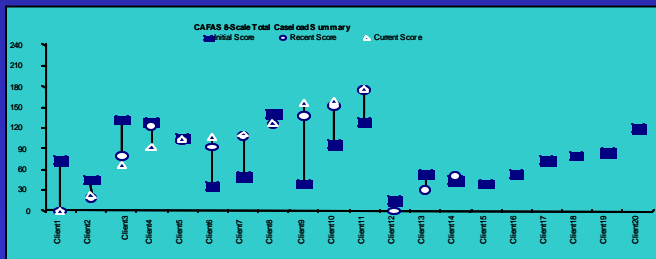
Clinical Reporting

Individual Client



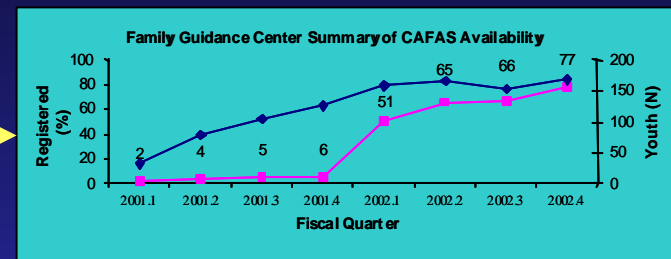
Data
Roll-Up

Care Coordinator/Supervisor Caseload

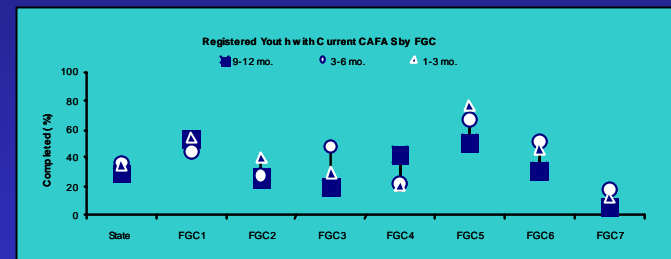


Management Reporting

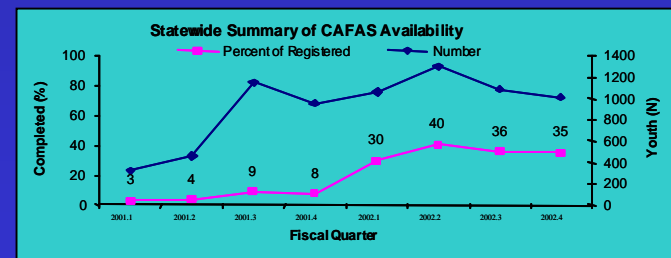
Unit Summary



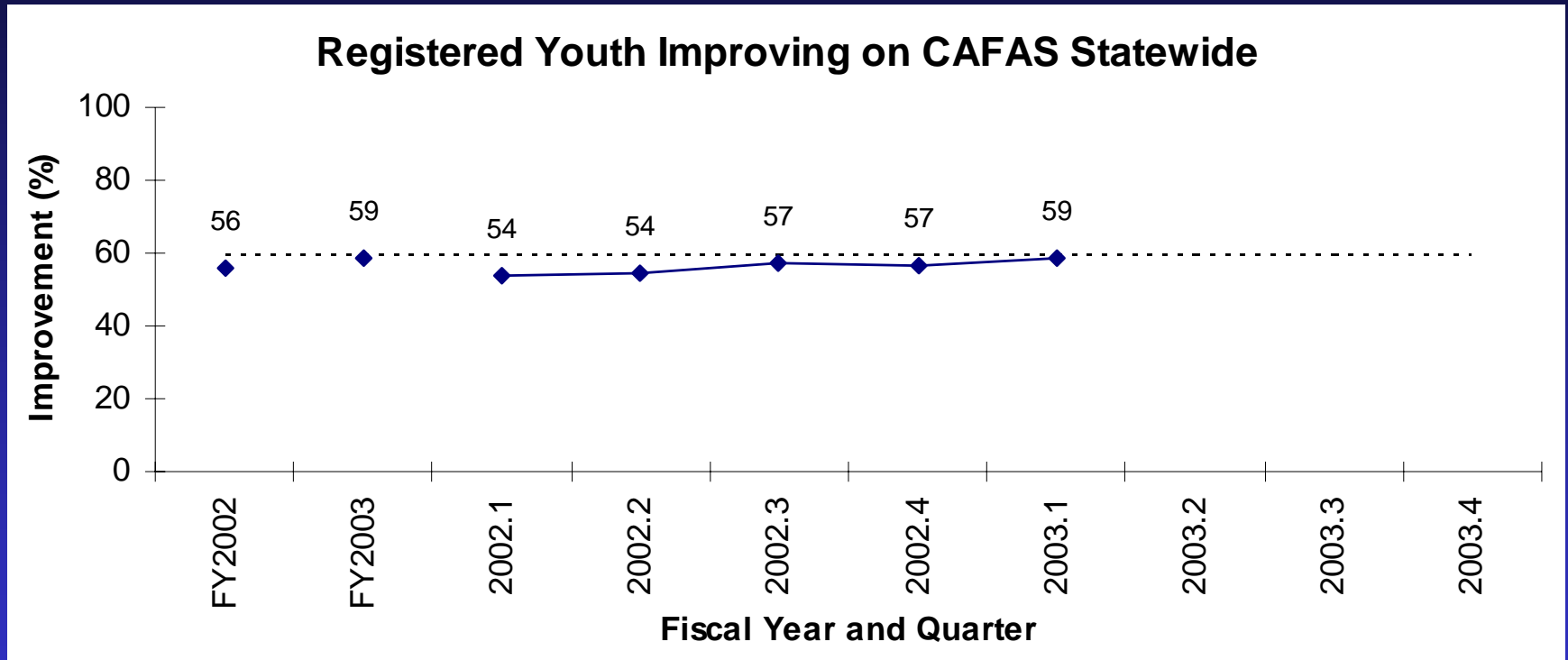
Unit Comparison



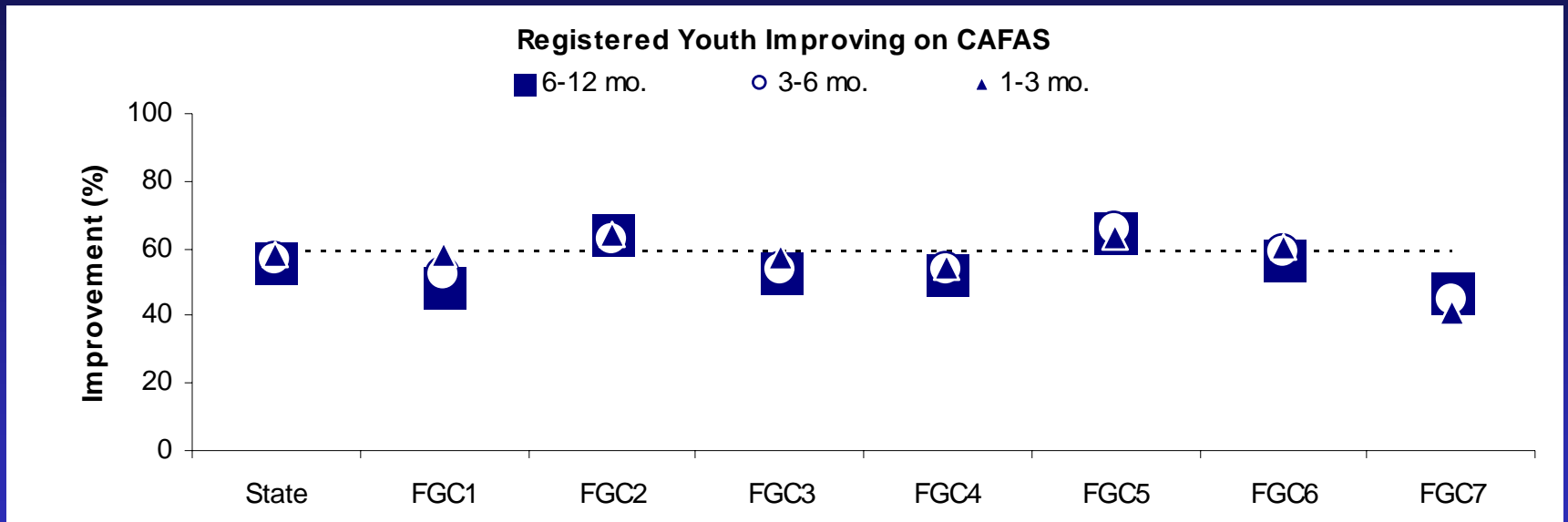
Overall Summary



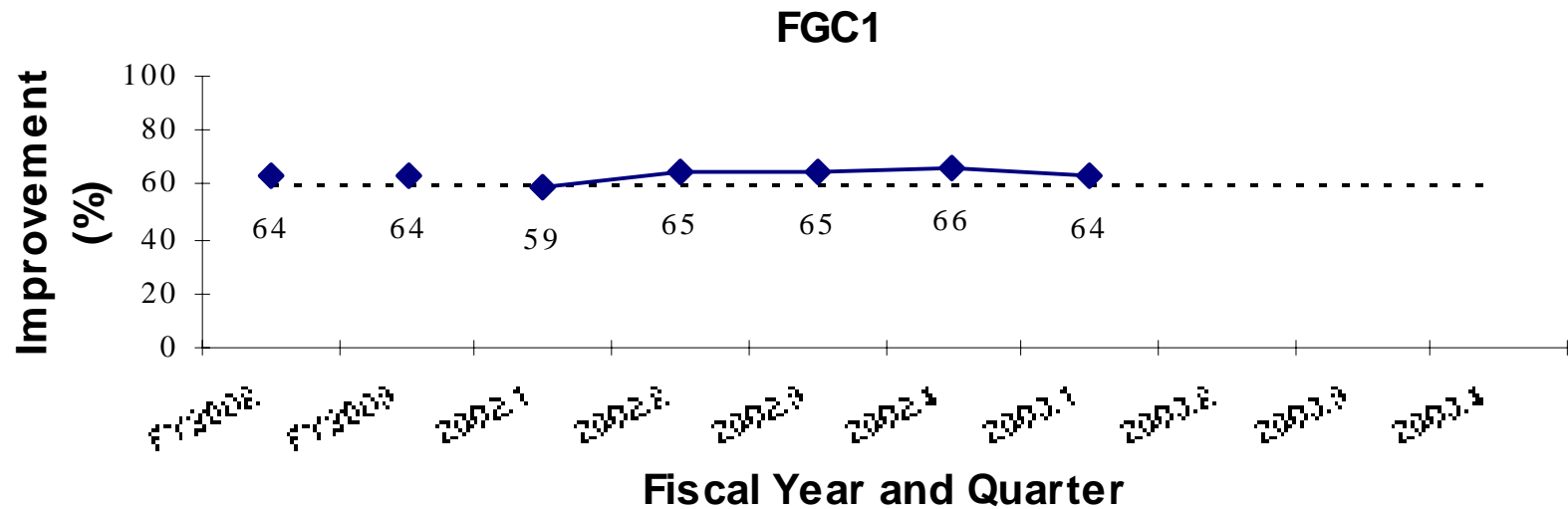
Statewide Summary Example



FGC Comparison Example



FGC Summary Example



Statewide Performance Measures

Personnel

Positions Filled

Caseload

Service Planning

CSP Timeliness

CSP Quality

Quality Monitoring

Internal Reviews

Provider Reviews

Fiscal

Timely Provider Payment

Within Quarterly Budget

Service Access

Service Gaps

Service Mismatches

Child Status

CAFAS & CBCL

Case-Based Reviews

Infrastructure

FGC, Central Office, &
Committee Performance

Service Environment

In-State

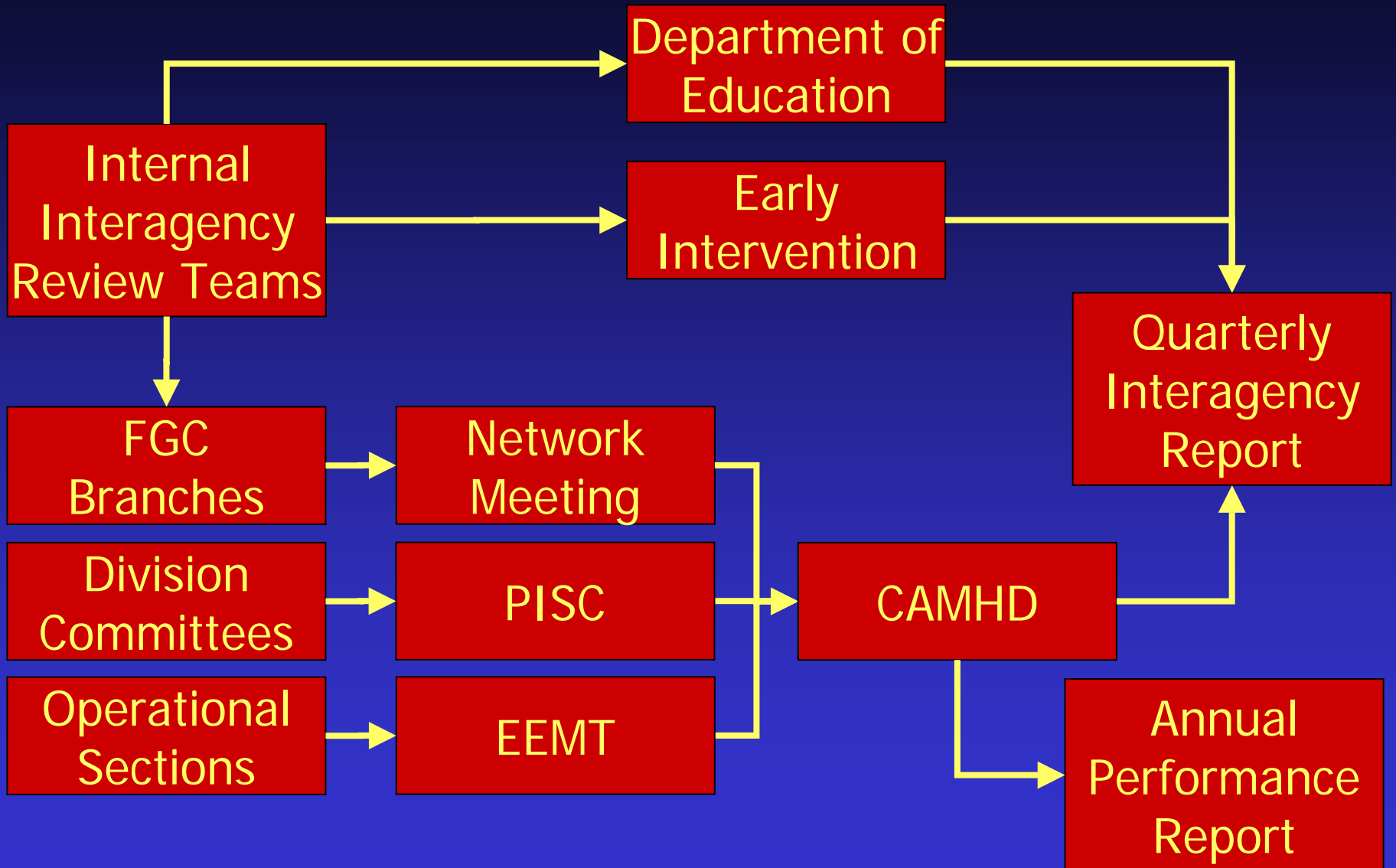
In-home

Stakeholder Concerns

Complaints

Satisfaction

System Reporting Structure



System Performance Report Example

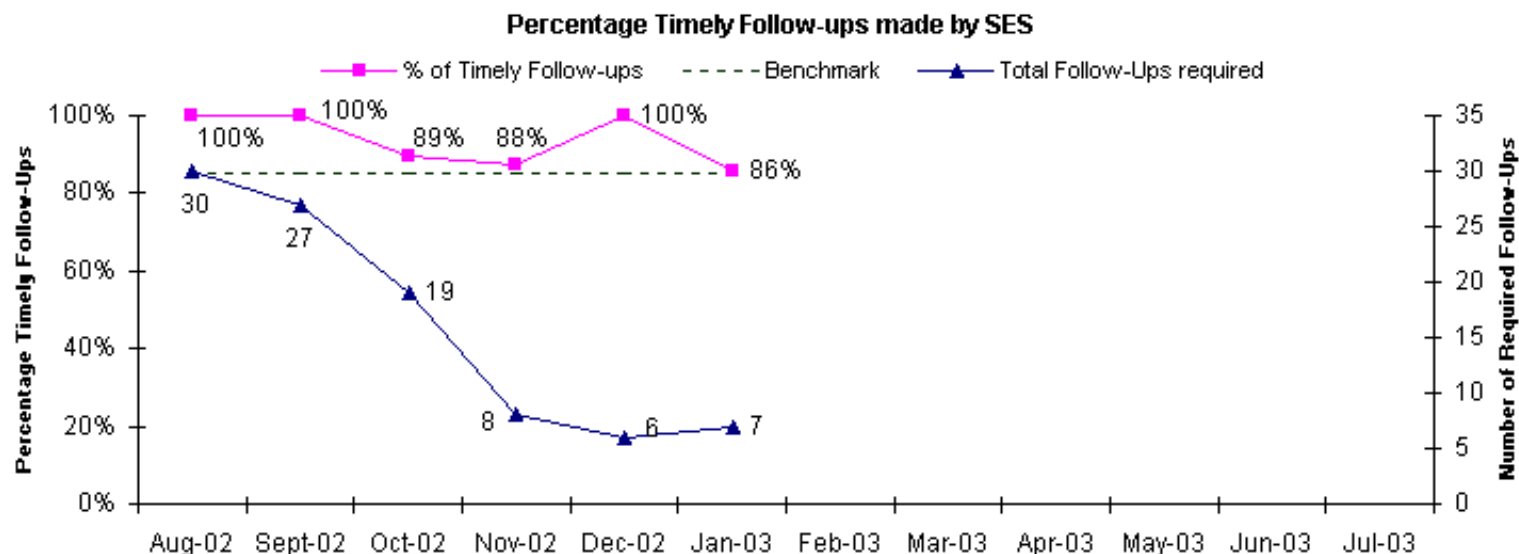
Child and Adolescent Mental Health Division

Report Date: August 1, 2002 to January 31, 2003

Manager Signature:

Expanded Executive Management Team

Performance Indicator: Percentage of Follow-ups made by the Sentinel Events Specialist within 2 weeks



Rationale:

Timely follow up is an important part of quality assurance. Sentinel Events Specialist records the date any follow-up inquiries are sent out to monitor quality assurance by CAMHD. CAMHD Sentinel Events Specialist will assess and process any necessary follow-up requests within 2 weeks of the receipt date of the hard copy

Benchmark:

85%

Formula:

$$\frac{\# \text{ of Written Follow-Ups sent by SES within 2 Weeks of hard copy receipt date}}{\# \text{ of Required Follow-Ups}}$$

Data Sources:

Sentinel Follow-Up Tracking Log

Results:

6 out of 7, or 86%, of the necessary follow-ups were within two weeks of the hard copy receipt date. The letter sent outside of the 2 week window was sent 15 days after the hard copy receipt date. The letter was a collaborative effort between the Performance Manager, Performance Monitoring Reviewer, and SES; it was routed to all involved before being mailed. Further performance measures will be reported in the future relating to the new Sentinel Events Triage. The triage outlines performance indicators relating to notification of upper level management in a timely manner when a critical event occurs and will be incorporated into this performance measure. The SE Database is being reconstructed to include a field for tracking notification as a performance measure.

Management Report Contents

1. Population: Who do we serve?
2. Fiscal: How many resources are we developing and consuming?
3. Services: What types and how much service are we providing?
4. Outcomes: Are we producing results?
5. System Operations: Are we doing all this in a timely, efficient, coordinated, and quality fashion?

LOC Fact Sheet Content Examples

Population

Number Served

Percent of Total

Age

Gender

Ethnicity

Diagnosis

Agency Involvement

Fiscal

Total Expenditures

Cost per Youth

Services

Service Array

Distributions for:

2 – 3 Months Prior

1 Month Prior

1 Month Following

2 – 3 Months Following

Outcomes

CAFAS, CALOCUS,
CBCL, TRF, YSR scores
by Month of Service

Special Studies

Special Studies vs. Operations

1. Sampling

Selection Criteria – Inclusion & Exclusion

Discrete Time Period

Often Cued to Clinical Events

2. Quality of Data Gathering and Training

3. Highly Customized Reporting & Analysis

4. Similar Content Parameters

Summary

Core Themes

1. Scalability: Clear Map from Bottom to Top
2. Integration: Multiple Measure, Multiple Source
3. Exploration & Discovery: Answers Create Questions
4. Communication: Data Sharing is Dialogue